

CITY OF DETROIT BUILDINGS AND SAFETY ENGINEERING DEPARTMENT
 Fourth Floor-CAYMC- Detroit, MI 48226 (313) 224-3168

APPLICATION FOR REGISTRATION OF RENTAL HOUSING

Initial Registration
 Change of Ownership

Please Type or Print

Address of Rental Property _____ between _____ and _____ street

Type of Dwelling: Room & Rooming One Two Apt. Terrace, Townhouse
 check one Board House Family Family Bldg. Other

Number of Dwelling Units Rented: Apartment/Residences _____ Sleeping Rooms _____

Section 8 Housing Yes (attach affidavit and copy of inspection summary) Units _____ No

Name _____

Home Address/P.O. Box _____ City _____ State _____ Zip Code _____

Home Number _____ Business Number _____ Cell Phone _____ Fax _____

Partnership or Corporation: _____

Name _____ Address _____ Phone Number _____

IF PARTNERSHIP OR CORPORATION, LIST PARTNERS OR OFFICERS BELOW.

Name _____ Title _____

Home Address _____ City _____ State _____ Phone Number _____

Name _____ Title _____ Home Address _____ Phone Number _____

Home Address _____ City _____ State _____ Phone Number _____

RESIDENT AGENT FOR CORPORATION

Name _____ Title _____ Home Address _____ Phone Number _____

Home Address _____ City _____ State _____ Phone Number _____

If more space is required, please attach additional sheet.

Management Firm (if any) _____

Name _____ Address _____ Phone Number _____

Resident Manager/Caretaker

Name _____ Address _____ Phone Number _____

In compliance with registration requirements of the Detroit Property Maintenance code, I hereby certify that the foregoing is true and a complete statement of the information requested.

Signature _____ Dated: _____

Owner or Representative _____ Title _____

Location of Premises _____
 Initial Registration No. _____
 Year _____